Commentaries

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Drug Abuse Hysteria: The Challenge of Keeping Perspective

Ruth C. Engs

Stuart W. Fors

Ruth C. Engs, RN. EdD, Associate Professor, Dept. of Applied Health Science, HPER 116, Indiana University, Bloomington, IN 47405; and Stuart W. Fors, EdD, F ASHA. Associate Professor, Dept. of Health and Safety Education, University of Georgia, Athens, GA 30602.

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In August 1986, the authors attended the first National Conference on Drug and Alcohol Abuse Prevention sponsored by the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA). As health educators with a special interest in education and prevention strategies for all drugs (including alcohol), we were pleased to sense an increased commitment by the federal government to decreasing the demand (user) side of the drug abuse equation. However, we were disturbed by the proposed direction of those education and prevention efforts.

First, the "Just Say No" campaign aimed at middle school/junior high students attempts to reduce drug use by teaching children to "Just Say No" without a developed curriculum. Second, we were told that drug use was in "epidemic proportions" among youth (1) and we need not test educational programs and curricula directed at drug abuse, but to design programs that "feel right." (2)

We were told to "purge" responsible alcohol use from our minds when thinking of alcohol education curricula and content ·for young people, and even for adults (3). The philosophy behind this thinking suggests that we should not consider responsible use if, 1) our goal is drug-free youth, and 2) the drinking age is above the age of our target group; we should not provide information about responsible choices concerning alcohol or responsible drinking for those who might choose to drink when they are of legal age as this might be encouraging young people to engage in illegal activity.

This commentary raises some cautions related to unrealistic and overzealous approaches to drug education being promoted by well-meaning but, in our opinion, misdirected persons in the federal health and medical bureaucracies. We will discuss pitfalls of the "Just Say No" approach and reasons why responsible choices about alcohol use and responsible drinking for those who may choose to drink should remain in the school curricula. Finally, we offer suggestions for drug education programs, many of which are not new, but require mentioning in the face of some approaches recently suggested.

A DRUG USE EPIDEMIC

The NIAAA and NIDA representatives at the conference painted an alarming picture of a rising epidemic of drug use among youth in the U.S. However, in examining drug use patterns of youth since the early 1970s, the latest report by NIDA (4) notes a steady decrease or leveling off of drug use in all age groups for all substances except cocaine. The major change for high school seniors related to "ever using cocaine," and it occurred during 1975-1979 where the percentage of "ever used" increased only two percentage points to 17.3% (4). No evidence supported a "rapid spread, growth or development" since 1979 of most drugs including alcohol, marijuana, hallucinogens, amphetamines, and heroin.

Alcohol has been and continues to be the most widely used illicit substance for this age group, adversely affecting many individuals within the community. If an epidemic of drug use or abuse exists among youth, it involves alcohol and not other illicit substances. We need to avoid alarmist rhetoric, and focus on problems supported by credible data and not emotionalism in education programs.

THE "JUST SAY NO" APPROACH

The abstinence or "Just Say No" model for health education has been used for years, primarily in the areas of sexuality and drug education; it has been shown to have minimal effectiveness (5,6). For many reasons, children ·and even adults use a variety of substances. Research has shown users can be classified into groups such as traditional experimenters, rebels, and hard core abusers (7). Young people often experiment with drugs to rebel against authority figures such as parents, teachers, clergy, and police. Ghetto youth sometimes have powerful role models for drug use and may perceive it as a way to avoid the pain of their urban situation. Children are naturally curious, and drug experimentation often is related to this curiosity. Young people from addicted and troubled families, who have the highest potential for drug use and abuse, often use drugs to obtain attention and love from their parents and to escape from intolerable home environments (8).

Peer pressure also represents a powerful force for both adults and children. How many adults can or want to say no when others at a restaurant order a drink? Furthermore, internal motivation

for a behavior may be "yes," and the idea of resisting peer pressure may not be important if the person really wants to do something.

For youth not predisposed to chronic or hard core abuse, the "Just Say No" campaign may work. These individuals probably would not develop problems anyway. For those at high risk for drug abuse, much more is needed than "Just Say No," including early identification, intervention, and treatment of troubled youth and their families.

Perhaps, we would be better off as a "drug-free society," avoiding coffee, chocolate, tobacco, and alcohol in addition to illicit drugs, but history shows that most cultures, are not, never have been, and probably never will be completely drug free. The stated goal of some organizations for a "Drug-Free Youth" is bound to fail with all of the extraneous influences including mass media and individuality in action, speech, and thought processes. In addition, there are few drug- free adults to serve as role models. When young people want to emulate adults, what examples do they have? How many parents, teachers, television or sports stars, and other role models take a tranquilizer to calm down, drink a cup of coffee to wake up, or consume an alcoholic beverage to enhance a social situation?

ERADICATING RESPONSIBLE DRINKING

Problems related to alcohol abuse among young people include alcoholism, driving under the influence, violence, suicide, and homicide. The consequences have been tragic for many young people and their families as well as other individuals involved with the abuser. Without question alcohol abuse, or "irresponsible drinking," has taken its toll. How do we stop or reverse the behavior that leads to the costly problems that have touched many Americans' lives?

Some individuals and groups have mounted a concerted effort to purge publications from libraries and bookstores that "arc soft on drugs," have "misleading information," or suggest "responsible use of alcohol" (3,10). Publications listed by one of these organizations (10) include texts ·written by respected health· educators. These organizations and individuals also are encourag- ing the NIAAA to remove and not publish materials that discuss responsible and moderate drinking. Removing messages for moderate or responsible choices related to consumption of alcohol could do a significant dis- service to most parents and young adults in this country. Also, removal and prior censorship circumvents our fundamental rights, as Americans, to information in a free society.

Unfortunately, irresponsible drinking is being learned by many (if not most) young people in our society. Responsible choices regarding drinking and responsible drinking could mean: abstinence (particularly if under- age); social drinking with alcohol as an adjunct and not the feature of a party; not driving after drinking; knowing when to stop drinking and stopping someone who is drinking too much; knowing how to be a good host at a party.(providing nonalcoholic beverages, not pushing alcohol, and providing food); not drinking while taking medications; being

the nondrinking, designated driver; and drinking no more than one drink per hour if you must drive (11-13).

What about parents teaching their children about responsible use or choices? Examples could include wines at dinner, proper etiquette for serving, how to mix common drinks, allowing children to taste different drinks, and learning how to say, "no thanks." This strategy could demystify drinking; its mystique, power, and aura of "forbidden fruit" could be removed. Young people would have a clearer idea of responsible use and how alcohol can be part of people's lives without problems. This family pattern often is found in cultural groups who consider alcohol a food and an adjunct to a meal, rather than an end in itself. These cultures tend to have fewer problems with alcohol.

Education programs would not encourage underage drinking, but would acknowledge the reality-of alcohol experimentation. They would encourage thoughtful decisions and responsible behavior, incorporating information about drinking that an individual could use as an adult.

EDUCATIONAL STRATEGIES

People use drugs for various reasons, including low self-esteem, being reared in an addictive or dysfunctional family, lack of decision-making and problem-solving skills, inability to cope with stress, lack of positive alternatives to drug use, and lack of information (13). Drug curricula need to address these issues.

Self-Esteem. To build self-esteem, discussion exercises and activities that help children feel good about themselves can be developed. Since children with low self-esteem often come from troubled, dysfunctional, or addictive families, early intervention for preventive treatment within the family system needs to be instituted.

Decision-Making. Many children are not taught decision-making skills at home. These skills include identifying the problem, examining solutions to the problem, examining solutions for positive and negative consequences, choosing a solution, taking action, taking responsibility for consequences of the action (positive or negative), and evaluating the choice. Teaching children the process of making choices about a variety of issues can help in many areas of life including alcohol and other drugs.

Assertion Skills. If "no" is the choice for a decision, assertion skills and teaching strategies which show how and why to say "no" can be taught. Assertion training skills include various techniques to resist peer pressure.

Stress Reduction. Adults, and sometimes children, become chronic drug users to reduce life stress. Teaching young people to apply stress reduction techniques to high-stress situations can be a positive alternative to using drugs.

Recreational Activities. Various recreational activities that provide excitement and interest such as spelunking, rock climbing, and white water canoeing also can be encouraged. Youth involved in these types of risky activities are thought to be less likely to become involved in alcohol and other drug abuse problems.

Factual Information. Since a good knowledge base for decision-making is necessary, information about the action and effects of various substances needs to be presented to young people as part of a well-defined curriculum of health education, not as an isolated subject or a one-time presentation.

CONCLUSION

As health educators who advocate well-developed and planned curricula in all areas of health promotion and wellness, including alcohol and other drugs, we raise these cautions related to some unrealistic and emotional rhetoric about drug use and abuse prevention suggested at the Washington conference. We applaud the "demand side" concerns of the White House, the NIAAA, and the NIDA. However, we are concerned they might not be realistic in their educational expectations. We caution these individuals and other educators to carefully and objectively plan and pilot test all substance abuse prevention programs to increase the probability of enhancing the social, mental, and physical well- being of all Americans.

Finally, if any education and prevention programs are to succeed, we must involve young people in all stages of program development, including determination of philosophy and content. It we do not include them, our efforts are likely to be ignored.

AFTERWORD

The first author attended the recent regional White House Conference for a Drug-Free America in Cincinnati and reports a decrease in rhetoric at the federal level and an increase in attempts to obtain suggestions from community members and prevention/education professionals. Some suggestions presented by delegates for alcohol and other drug abuse prevention are listed in this article. It is hoped that prevention concerns from regional conferences will be heard by federal-level administrators.

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